ASAP/AMA Software Request Form for EBT Processors

Section I - Organization Information

Organization Name:_____

Organization Address: _____

Primary Contact Name: _____ Phone Number: _____

Secondary Contact Name: _____ Phone Number: _____

Fax Number:_____

Section II - Software Request Information

For on-line access to ASAP, indicate a reference name for each PC you will install the software on.

These sections are to be completed by the EBT Processor.			*RFC/FRB Use Only* ASAP ID:_____
Reference Name	**Name and Model of PC**	**Operating System Type and Version**	**Node Name**

Section III - Authorizing Official's Signature

_____ _____

Signature Title

_____ _____ _____

Name Phone Number Date

Form Dated: 10/01/99

THIS IS A TWO-SIDED FORM.

Section IV RFC/FRB Use Only

[ ] New Enrollment [ ] Change to Existing Enrollment

RFC Office:_____ Contact Name:_____ Phone:_____

[ ] Org. Profile Established in ASAP - RFC Date:_____ Initials:_____

[ ] Encrypt Device Mailed and Node Name Assigned - FRB Customer Support Date:_____ Initials:_____

[ ] Organization Activated - FRB ASAP Ops Date:_____ Initials:_____

[ ] Software and Encrypt Device sent to User - RFC Date:_____ Initials:_____